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*****78.75 *****78.75 CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known): <u>Associales</u> Walk In Pick Up Time Certified Copy Mail Out Certificate of Status Will Wait RUSH Certificate of Good Standing Photocopy ARTICLES ONLY ALL CHARTER DOCS FATNEW FILINGS THE ENDMENTS THE FOR Profit Amendment NonProfit Resignation of R.A. Officer/Director Limited Liability Change of Registered Agent Certificate of FICTITIOUS NAME Domestication Dissolution/Withdrawal Other Merger FICTITIOUS NAME CORP SEARCH TEOTHER FILINGS REGISTRATION/QUALIFICATION: Annual Report Foreign Fictitious Name Limited Parmership Name Reservation Reinstatement

ARTICLES OF INCORPORATION

OF

EQUIMARINE ASSOCIATES, INC.

The undersigned hereby organizes and subscribes to these Articles of Incorporation under the laws of Florida.

I.

The name of the corporation shall be:

EQUIMARINE ASSOCIATES, INC.

H.

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SECRETANY DECLARE
TALLAMBASSEE SE PRIMA

The general purpose for which the corporation is organized shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

III.

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

IV.

The corporation's principal office and its registered office shall be:

810 SW 80 Street Ocala, FL 34474

and the name of its initial Registered Agent at such address shall be:

ANTHONY A. SARANDES

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The names and addresses of the incorporator is:

ANTHONY A. SARANDES 810 SW 80 Street Ocala, FL 34474

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this 10 day of March, 2000.

ANTHONY A. SARANDES

STATE OF FLORIDA COUNTY OF MARION

BEFORE ME, a Notary Public this day personally appeared ANTHONY A.

SARANDES, who is/are personally known to me or produced _______ as identification who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.

WITNESS my hand and official seal at Marion County, Florida this _/O day of March, 2000.

Charlotte Hatch Chambless Notary Public

My commission expires:



Having been named Registered Agent of EQUIMARINE ASSOCIATES, INC., I hereby accept said office and agree to comply with the provisions of Chapter 607, Florida

Statutes as same pertain to the office of Registered Agent.

ANTHONY A. SARANDES

Registered Agent

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SECRETIZED TO TATE